

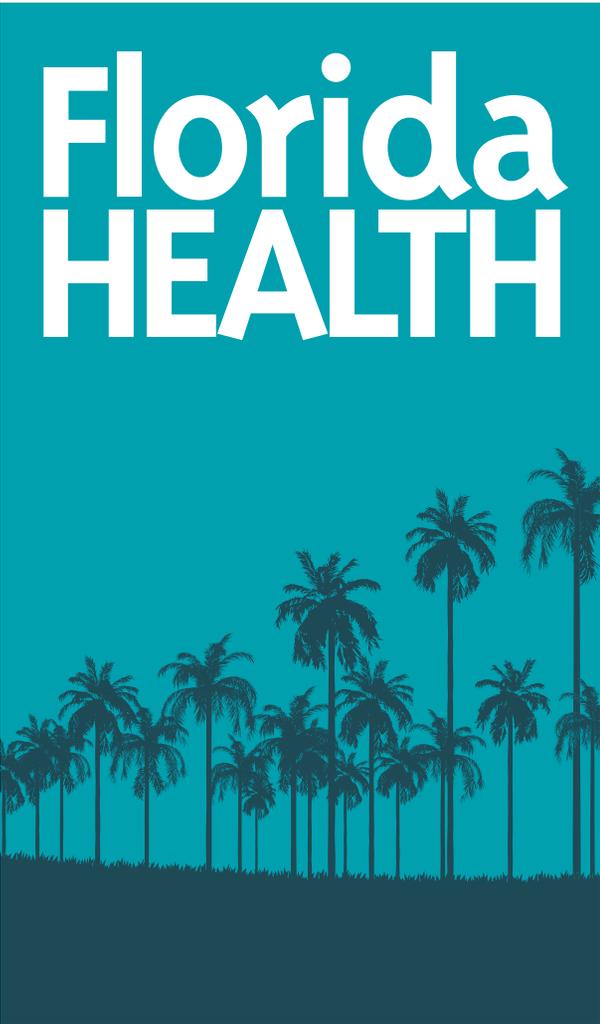
The Florida Senate  
**COMMITTEE MEETING EXPANDED AGENDA**

**HEALTH POLICY**  
**Senator Burton, Chair**  
**Senator Brodeur, Vice Chair**

**MEETING DATE:** Wednesday, October 18, 2023  
**TIME:** 2:00—3:30 p.m.  
**PLACE:** *Pat Thomas Committee Room, 412 Knott Building*

**MEMBERS:** Senator Burton, Chair; Senator Brodeur, Vice Chair; Senators Albritton, Avila, Book, Calatayud, Davis, Garcia, Harrell, and Osgood

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
1	Presentation on Collaborative Pharmacy Practice for Chronic Health Conditions under CS/HB 389 (2020) – Department of Health		Presented
2	Update on Florida’s Medical Marijuana Program – Department of Health		Presented
Other Related Meeting Documents			

The logo for Florida Health features the words "Florida" and "HEALTH" in white, stacked vertically. "Florida" is in a large, rounded sans-serif font, while "HEALTH" is in a smaller, all-caps, bold sans-serif font. Below the text is a silhouette of a row of palm trees of varying heights against a teal background.

**Florida**  
**HEALTH**

# **IMPLEMENTATION OF COLLABORATIVE PHARMACY PRACTICE FOR CHRONIC HEALTH CONDITIONS**

**Jessica Sapp, Chief**

Bureau of Health Care Practitioner Regulation  
Division of Medical Quality Assurance  
Florida Department of Health

# OBJECTIVES

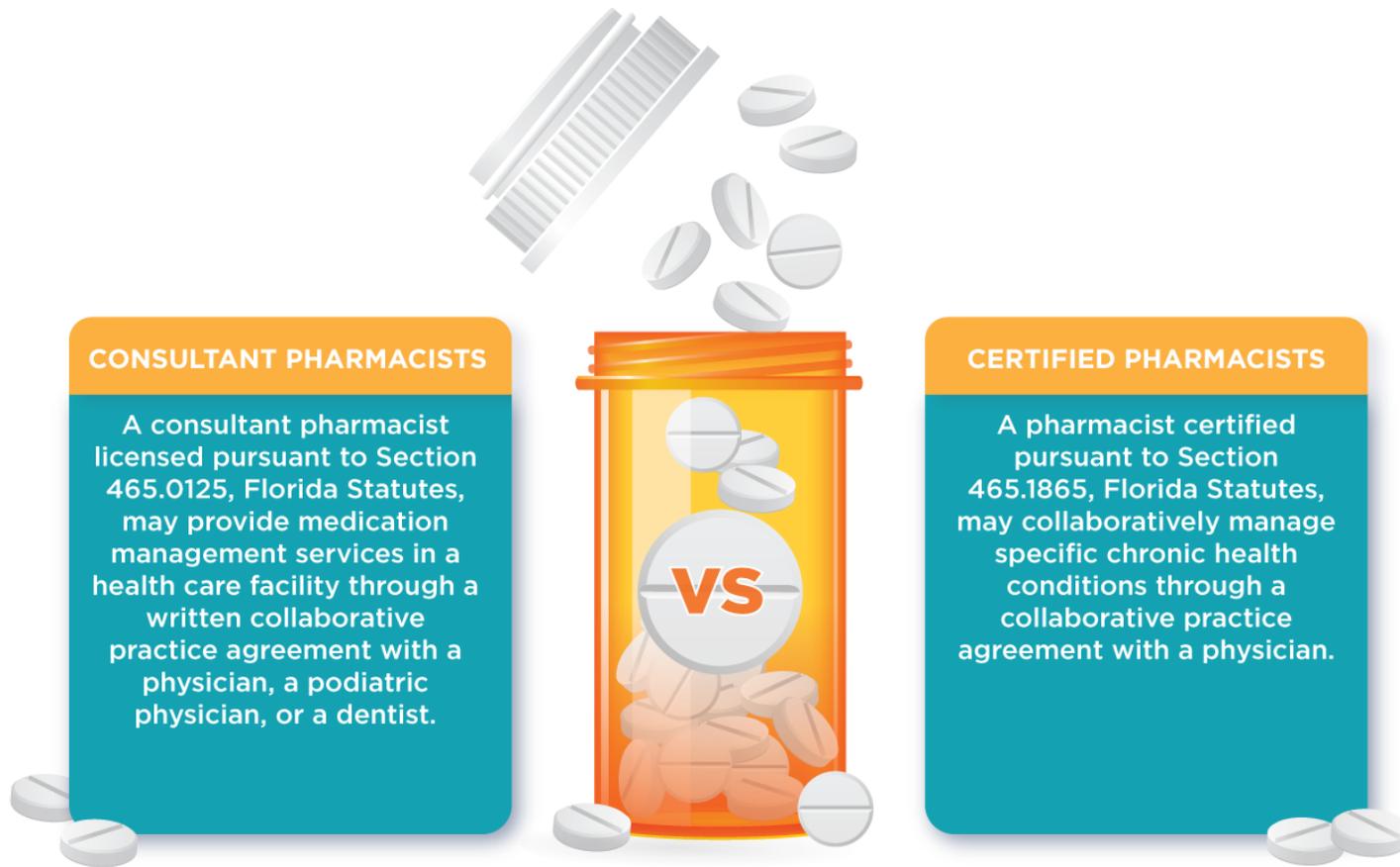
- Comparison of collaborative pharmacy practice arrangements.
- Summary of CS/HB 389 (2020), Chapter 2020-7, Laws of Florida.
- Description of certification requirements for pharmacists to collaboratively manage chronic health conditions.
- Timeline of implementation and collaboration efforts with the Boards of Medicine and Osteopathic Medicine.
- Analysis of collaborative pharmacy practice data.



## How We Work

The Division of Medical Quality Assurance (MQA) regulates health care practitioners and facilities through professional licensure, facility permitting, and administrative enforcement in order to preserve the health, safety, and welfare of the public.

# COLLABORATIVE PHARMACY PRACTICE ARRANGEMENTS



# LEGISLATIVE SUMMARY

CS/HB 389, Chapter 2020-7, Laws of Florida  
Practice of Pharmacy



Expands the scope of practice for eligible pharmacists to:

- Collaboratively manage specified chronic health conditions through a written collaborative practice agreement (CPA) with a physician.
- Test for and treat minor, nonchronic health conditions through a written protocol with a physician.

Requires consultation with the Boards of Medicine and Osteopathic Medicine.

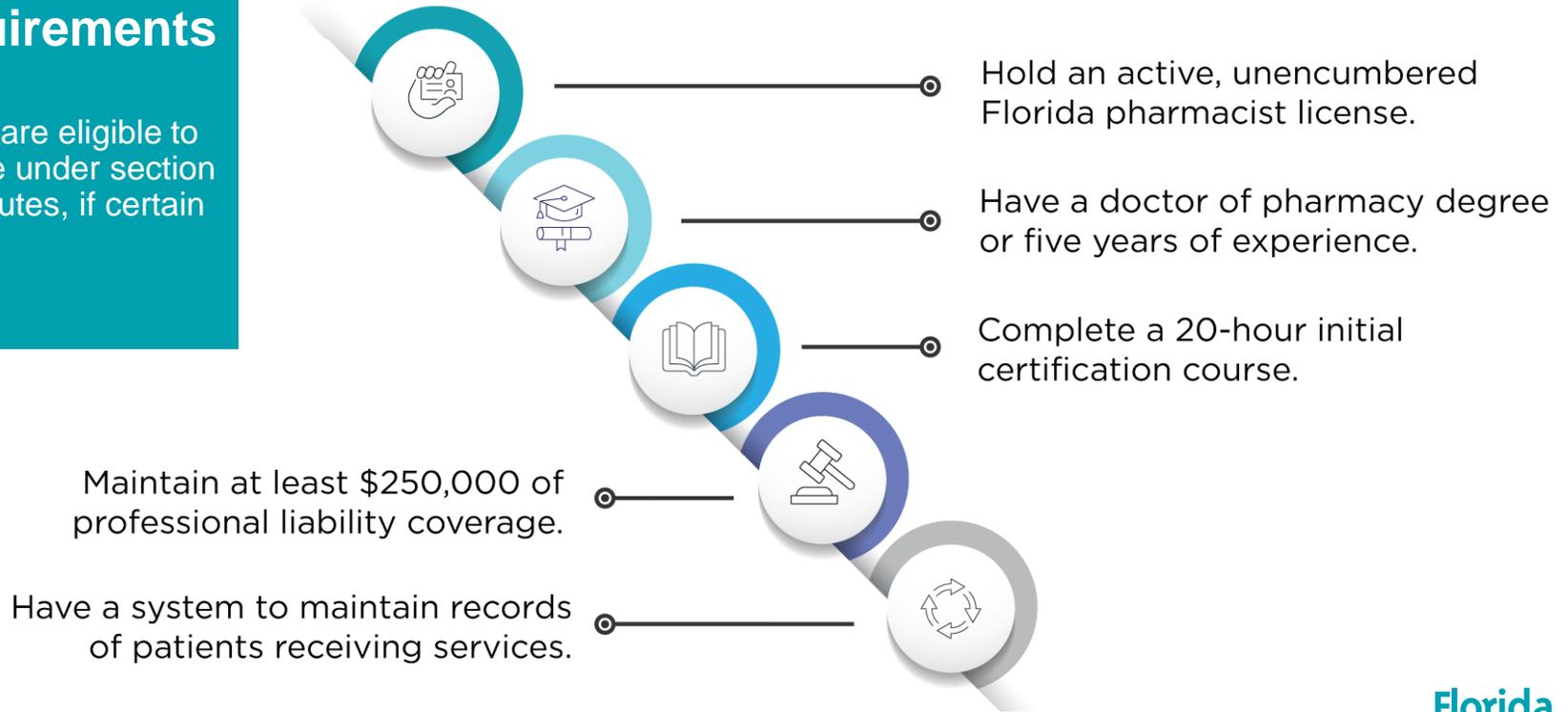
# COLLABORATIVE PHARMACIST CERTIFICATION



## Certification Requirements

Licensed pharmacists are eligible to collaboratively practice under section 465.1865, Florida Statutes, if certain criteria are met.

## Qualifications



# IMPLEMENTATION TIMELINE

**JULY 1, 2020**

CS/HB 389 became effective.



**OCTOBER 28, 2020**

Rules became effective.



**MARCH - SEPTEMBER 2020**

The Board of Pharmacy, with the Boards of Medicine and Osteopathic Medicine, held five Joint Rules Committee meetings to develop and finalize rule requirements.



**DECEMBER 21, 2020**

First collaborative practice certification course from University of Florida was approved.

# IMPLEMENTATION TIMELINE

**APRIL 16, 2021**

First collaborative practice certification issued.



**MAY 23, 2023**

Joint Rules Committee meeting approved petition from Lee Health to add Hepatitis C to the list of chronic health conditions.



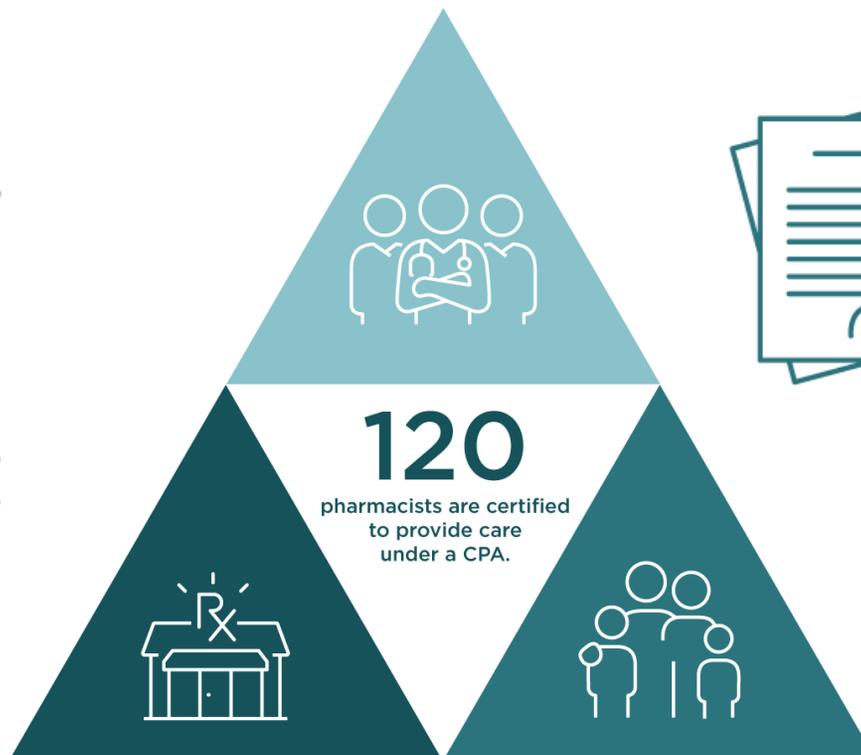
**JULY 27, 2021**

Second collaborative practice certification course from Nova Southeastern University was approved.

**SEPTEMBER 27, 2023**

Rule became effective allowing Hepatitis C to be collaboratively managed.

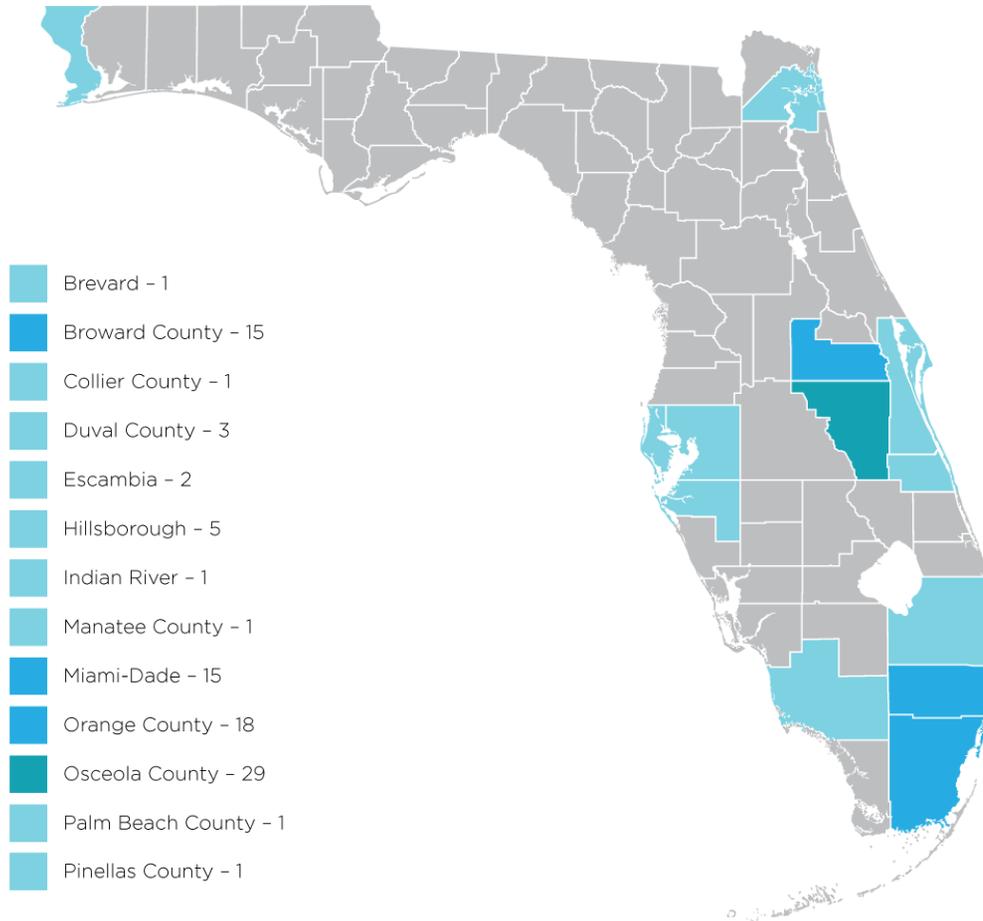
# COLLABORATIVE PHARMACY PRACTICE STATISTICS



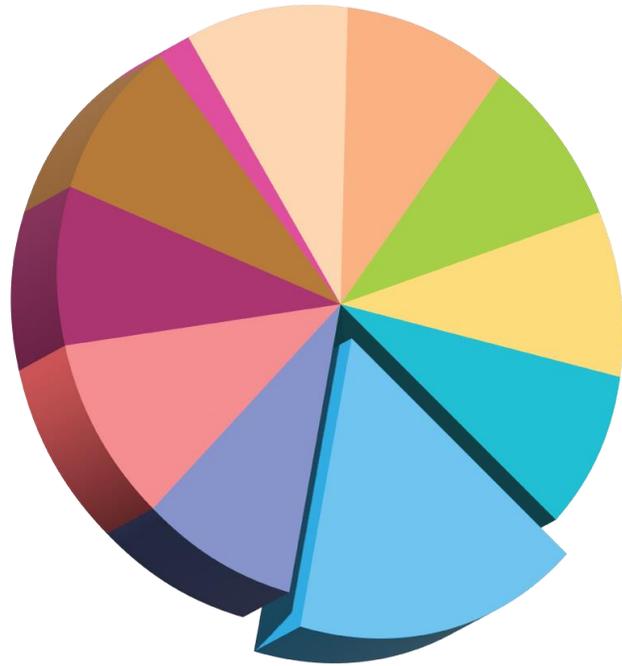
# COLLABORATIVE PHARMACY PRACTICE LOCATIONS



This represents the location of the 97 active CPAs between physicians and pharmacists where specific chronic health conditions are managed.



# COLLABORATIVELY MANAGED CHRONIC HEALTH CONDITIONS



- Anti-Coagulation Management - 48
- Arthritis - 46
- Asthma - 46
- COPD - 46
- HIV/AIDS - 85
- Hyperlipidemia - 45
- Hypertension - 50
- Nicotine Dependence - 44
- Obesity - 48
- Opioid Use Disorder - 1
- Type 2 Diabetes - 48



CPAs allow pharmacists to collaboratively manage the illustrated chronic health conditions as outlined in section 465.1865(1), Florida Statutes, and rule 64B16-31.007, Florida Administrative Code.

## **Jessica Sapp, Chief**

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Division of Medical Quality Assurance

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1  
2 An act relating to the practice of pharmacy; amending  
3 s. 381.0031, F.S.; requiring specified licensed  
4 pharmacists to report certain information relating to  
5 public health to the Department of Health; amending s.  
6 465.003, F.S.; revising the definition of the term  
7 "practice of the profession of pharmacy"; creating s.  
8 465.1865, F.S.; providing definitions; providing  
9 requirements for pharmacists to provide services under  
10 a collaborative pharmacy practice agreement; requiring  
11 the terms and conditions of such agreement to be  
12 appropriate to the training of the pharmacist and the  
13 scope of practice of the physician; requiring  
14 notification to the board upon practicing under a  
15 collaborative pharmacy practice agreement; requiring  
16 pharmacists to submit a copy of the signed  
17 collaborative pharmacy practice agreement to the Board  
18 of Pharmacy; providing for the maintenance of patient  
19 records for a certain period of time; providing for  
20 renewal of such agreement; requiring a pharmacist and  
21 the collaborating physician to maintain on file and  
22 make available the collaborative pharmacy practice  
23 agreement; prohibiting certain actions relating to  
24 such agreement; requiring specified continuing  
25 education for a pharmacist who practices under a

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26 | collaborative pharmacy practice agreement; requiring  
27 | the Board of Pharmacy to adopt rules in consultation  
28 | with the Board of Medicine and the Board of  
29 | Osteopathic Medicine; creating s. 465.1895, F.S.;  
30 | requiring the Board of Pharmacy to identify minor,  
31 | nonchronic health conditions that a pharmacist may  
32 | test or screen for and treat; providing requirements  
33 | for a pharmacist to test or screen for and treat  
34 | minor, nonchronic health conditions; requiring the  
35 | board to develop a formulary of medicinal drugs that a  
36 | pharmacist may prescribe; providing requirements for  
37 | the written protocol between a pharmacist and a  
38 | supervising physician; prohibiting a pharmacist from  
39 | providing certain services under certain  
40 | circumstances; requiring a pharmacist to complete a  
41 | specified amount of continuing education; providing  
42 | additional requirements for pharmacists and pharmacies  
43 | providing testing and screening services; providing  
44 | for applicability; providing an effective date.

45

46 | Be It Enacted by the Legislature of the State of Florida:

47

48 | Section 1. Subsection (2) of section 381.0031, Florida  
49 | Statutes, is amended to read:

50 | 381.0031 Epidemiological research; report of diseases of

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51 public health significance to department.—

52 (2) Any practitioner licensed in this state to practice  
53 medicine, osteopathic medicine, chiropractic medicine,  
54 naturopathy, or veterinary medicine; any licensed pharmacist  
55 authorized under a protocol with a supervising physician under  
56 s. 465.1895, or a collaborative pharmacy practice agreement, as  
57 defined in s. 465.1865, to perform or order and evaluate  
58 laboratory and clinical tests; any hospital licensed under part  
59 I of chapter 395; or any laboratory appropriately certified by  
60 the Centers for Medicare and Medicaid Services under the federal  
61 Clinical Laboratory Improvement Amendments and the federal rules  
62 adopted thereunder which diagnoses or suspects the existence of  
63 a disease of public health significance shall immediately report  
64 the fact to the Department of Health.

65 Section 2. Subsection (13) of section 465.003, Florida  
66 Statutes, is amended to read:

67 465.003 Definitions.—As used in this chapter, the term:

68 (13) "Practice of the profession of pharmacy" includes  
69 compounding, dispensing, and consulting concerning contents,  
70 therapeutic values, and uses of any medicinal drug; consulting  
71 concerning therapeutic values and interactions of patent or  
72 proprietary preparations, whether pursuant to prescriptions or  
73 in the absence and entirely independent of such prescriptions or  
74 orders; and conducting other pharmaceutical services. For  
75 purposes of this subsection, "other pharmaceutical services"

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76 | means the monitoring of the patient's drug therapy and assisting  
77 | the patient in the management of his or her drug therapy, and  
78 | includes review of the patient's drug therapy and communication  
79 | with the patient's prescribing health care provider as licensed  
80 | under chapter 458, chapter 459, chapter 461, or chapter 466, or  
81 | similar statutory provision in another jurisdiction, or such  
82 | provider's agent or such other persons as specifically  
83 | authorized by the patient, regarding the drug therapy; and  
84 | initiating, modifying, or discontinuing drug therapy for a  
85 | chronic health condition under a collaborative pharmacy practice  
86 | agreement. ~~However,~~ Nothing in this subsection may be  
87 | interpreted to permit an alteration of a prescriber's  
88 | directions, the diagnosis or treatment of any disease, the  
89 | initiation of any drug therapy, the practice of medicine, or the  
90 | practice of osteopathic medicine, unless otherwise permitted by  
91 | law or specifically authorized by s. 465.1865 or s. 465.1895.  
92 | "Practice of the profession of pharmacy" also includes any other  
93 | act, service, operation, research, or transaction incidental to,  
94 | or forming a part of, any of the foregoing acts, requiring,  
95 | involving, or employing the science or art of any branch of the  
96 | pharmaceutical profession, study, or training, and shall  
97 | expressly permit a pharmacist to transmit information from  
98 | persons authorized to prescribe medicinal drugs to their  
99 | patients. The practice of the profession of pharmacy also  
100 | includes the administration of vaccines to adults pursuant to s.

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101 465.189, the testing or screening for and treatment of minor,  
 102 nonchronic health conditions pursuant to s. 465.1895, and the  
 103 preparation of prepackaged drug products in facilities holding  
 104 Class III institutional pharmacy permits.

105 Section 3. Section 465.1865, Florida Statutes, is created  
 106 to read:

107 465.1865 Collaborative pharmacy practice for chronic  
 108 health conditions.-

109 (1) For purposes of this section, the term:

110 (a) "Collaborative pharmacy practice agreement" means a  
 111 written agreement between a pharmacist who meets the  
 112 qualifications of this section and a physician licensed under  
 113 chapter 458 or chapter 459 in which a collaborating physician  
 114 authorizes a pharmacist to provide specified patient care  
 115 services to the collaborating physician's patients.

116 (b) "Chronic health condition" means:

117 1. Arthritis;

118 2. Asthma;

119 3. Chronic obstructive pulmonary diseases;

120 4. Type 2 diabetes;

121 5. Human immunodeficiency virus or acquired immune  
 122 deficiency syndrome;

123 6. Obesity; or

124 7. Any other chronic condition adopted in rule by the  
 125 board, in consultation with the Board of Medicine and Board of

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126 Osteopathic Medicine.  
 127 (2) To provide services under a collaborative pharmacy  
 128 practice agreement, a pharmacist must be certified by the board,  
 129 according to the rules adopted by the board in consultation with  
 130 the Board of Medicine and the Board of Osteopathic Medicine. To  
 131 be certified, a pharmacist must, at a minimum:  
 132 (a) Hold an active and unencumbered license to practice  
 133 pharmacy in this state.  
 134 (b) Have earned a degree of doctor of pharmacy or have  
 135 completed 5 years of experience as a licensed pharmacist.  
 136 (c) Have completed an initial 20-hour course approved by  
 137 the board, in consultation with the Board of Medicine and Board  
 138 of Osteopathic Medicine, that includes, at a minimum,  
 139 instruction on the following:  
 140 1. Performance of patient assessments.  
 141 2. Ordering, performing, and interpreting clinical and  
 142 laboratory tests related to collaborative pharmacy practice.  
 143 3. Evaluating and managing diseases and health conditions  
 144 in collaboration with other health care practitioners.  
 145 4. Any other area required by board.  
 146 (d) Maintain at least \$250,000 of professional liability  
 147 insurance coverage. However, a pharmacist who maintains  
 148 professional liability insurance coverage pursuant to s.  
 149 465.1895 satisfies this requirement.  
 150 (e) Have established a system to maintain records of all

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151 patients receiving services under a collaborative pharmacy  
 152 practice agreement for a period of 5 years from each patient's  
 153 most recent provision of service.

154 (3) The terms and conditions of the collaborative pharmacy  
 155 practice agreement must be appropriate to the pharmacist's  
 156 training and the services delegated to the pharmacist must be  
 157 within the collaborating physician's scope of practice. A copy  
 158 of the certification issued under subsection (2) must be  
 159 included as an attachment to the collaborative pharmacy practice  
 160 agreement.

161 (a) A collaborative pharmacy practice agreement must  
 162 include the following:

163 1. Name of the collaborating physician's patient or  
 164 patients for whom a pharmacist may provide services.

165 2. Each chronic health condition to be collaboratively  
 166 managed.

167 3. Specific medicinal drug or drugs to be managed by the  
 168 pharmacist for each patient.

169 4. Circumstances under which the pharmacist may order or  
 170 perform and evaluate laboratory or clinical tests.

171 5. Conditions and events upon which the pharmacist must  
 172 notify the collaborating physician and the manner and timeframe  
 173 in which such notification must occur.

174 6. Beginning and ending dates for the collaborative  
 175 pharmacy practice agreement and termination procedures,

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176 | including procedures for patient notification and medical  
177 | records transfers.

178 | 7. A statement that the collaborative pharmacy practice  
179 | agreement may be terminated, in writing, by either party at any  
180 | time.

181 | (b) A collaborative pharmacy practice agreement shall  
182 | automatically terminate 2 years after execution if not renewed.

183 | (c) The pharmacist, along with the collaborating  
184 | physician, must maintain on file the collaborative pharmacy  
185 | practice agreement at his or her practice location, and must  
186 | make such agreements available to the department or board upon  
187 | request or inspection.

188 | (d) A pharmacist who enters into a collaborative pharmacy  
189 | practice agreement must submit a copy of the signed agreement to  
190 | the board before the agreement may be implemented.

191 | (4) A pharmacist may not:

192 | (a) Modify or discontinue medicinal drugs prescribed by a  
193 | health care practitioner with whom he or she does not have a  
194 | collaborative pharmacy practice agreement.

195 | (b) Enter into a collaborative pharmacy practice agreement  
196 | while acting as an employee without the written approval of the  
197 | owner of the pharmacy.

198 | (5) A physician may not delegate the authority to initiate  
199 | or prescribe a controlled substance as described in s. 893.03 or  
200 | 21 U.S.C. s. 812 to a pharmacist.

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201           (6) A pharmacist who practices under a collaborative  
 202 pharmacy practice agreement must complete an 8-hour continuing  
 203 education course approved by the board that addresses issues  
 204 related to collaborative pharmacy practice each biennial  
 205 licensure renewal in addition to the continuing education  
 206 requirements under s. 465.009. A pharmacist must submit  
 207 confirmation of having completed such course when applying for  
 208 licensure renewal. A pharmacist who fails to comply with this  
 209 subsection shall be prohibited from practicing under a  
 210 collaborative pharmacy practice agreement under this section.

211           (7) The board, in consultation with the Board of Medicine  
 212 and the Board of Osteopathic Medicine, shall adopt rules  
 213 pursuant to ss. 120.536(1) and 120.54 to implement this section.

214           Section 4. Section 465.1895, Florida Statutes, is created  
 215 to read:

216           465.1895 Testing or screening for and treatment of minor,  
 217 nonchronic health conditions.—

218           (1) A pharmacist may test or screen for and treat minor,  
 219 nonchronic health conditions within the framework of an  
 220 established written protocol with a supervising physician  
 221 licensed under chapter 458 or chapter 459. For purposes of this  
 222 section, a minor, nonchronic health condition is typically a  
 223 short-term condition that is generally managed with minimal  
 224 treatment or self-care, and includes:

225           (a) Influenza.

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226        (b) Streptococcus.  
 227        (c) Lice.  
 228        (d) Skin conditions, such as ringworm and athlete's foot.  
 229        (e) Minor, uncomplicated infections.  
 230        (2) A pharmacist who tests or screens for and treats  
 231 minor, nonchronic health conditions under this section must:  
 232        (a) Hold an active and unencumbered license to practice  
 233 pharmacy in the state.  
 234        (b) Hold a certification issued by the board to test and  
 235 screen for and treat minor, nonchronic health conditions, in  
 236 accordance with requirements established by the board in rule in  
 237 consultation with the Board of Medicine and Board of Osteopathic  
 238 Medicine. The certification must require a pharmacist to  
 239 complete, on a one-time basis, a 20-hour education course  
 240 approved by the board in consultation with the Board of Medicine  
 241 and the Board of Osteopathic Medicine. The course, at a minimum,  
 242 must address patient assessments; point-of-care testing  
 243 procedures; safe and effective treatment of minor, nonchronic  
 244 health conditions; and identification of contraindications.  
 245        (c) Maintain at least \$250,000 of liability coverage. A  
 246 pharmacist who maintains liability coverage pursuant to s.  
 247 465.1865 satisfies this requirement.  
 248        (d) Report a diagnosis or suspected existence of a disease  
 249 of public health significance to the department pursuant to s.  
 250 381.0031.

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251 (e) Upon request of a patient, furnish patient records to  
 252 a health care practitioner designated by the patient.

253 (f) Maintain records of all patients receiving services  
 254 under this section for a period of 5 years from each patient's  
 255 most recent provision of service.

256 (3) The board shall adopt, by rule, a formulary of  
 257 medicinal drugs that a pharmacist may prescribe for the minor,  
 258 nonchronic health conditions approved under subsection (1). The  
 259 formulary must include medicinal drugs approved by the United  
 260 States Food and Drug Administration which are indicated for  
 261 treatment of the minor, nonchronic health condition. The  
 262 formulary may not include any controlled substance as described  
 263 in s. 893.03 or 21 U.S.C. s. 812.

264 (4) A pharmacist who tests or screens for and treats  
 265 minor, nonchronic health conditions under this section may use  
 266 any tests that may guide diagnosis or clinical decisionmaking  
 267 which the Centers for Medicare and Medicaid Services has  
 268 determined qualifies for a waiver under the federal Clinical  
 269 Laboratory Improvement Amendments of 1988, or the federal rules  
 270 adopted thereunder, or any established screening procedures that  
 271 can safely be performed by a pharmacist.

272 (5) The written protocol between a pharmacist and  
 273 supervising physician under this subsection must include  
 274 particular terms and conditions imposed by the supervising  
 275 physician relating to the testing and screening for and

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276 treatment of minor, nonchronic health conditions under this  
277 section. The terms and conditions must be appropriate to the  
278 pharmacist's training. A pharmacist who enters into such a  
279 protocol with a supervising physician must submit the protocol  
280 to the board.

281 (a) At a minimum, the protocol shall include:

282 1. Specific categories of patients who the pharmacist is  
283 authorized to test or screen for and treat minor, nonchronic  
284 health conditions.

285 2. The physician's instructions for obtaining relevant  
286 patient medical history for the purpose of identifying  
287 disqualifying health conditions, adverse reactions, and  
288 contraindications to the approved course of treatment.

289 3. The physician's instructions for the treatment of  
290 minor, nonchronic health conditions based on the patient's age,  
291 symptoms, and test results, including negative results.

292 4. A process and schedule for the physician to review the  
293 pharmacist's actions under the protocol.

294 5. A process and schedule for the pharmacist to notify the  
295 physician of the patient's condition, tests administered, test  
296 results, and course of treatment.

297 6. Any other requirements as established by the board in  
298 consultation with the Board of Medicine and the Board of  
299 Osteopathic Medicine.

300 (b) A pharmacist authorized to test and screen for and

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301 treat minor, nonchronic conditions under a protocol shall  
 302 provide evidence of current certification by the board to the  
 303 supervising physician. A supervising physician shall review the  
 304 pharmacist's actions in accordance with the protocol.

305 (6) A pharmacist providing services under this section may  
 306 not perform such services while acting as an employee without  
 307 the written approval of the owner of the pharmacy.

308 (7) A pharmacist providing services under this section  
 309 must complete a 3-hour continuing education course approved by  
 310 the board addressing issues related to minor, nonchronic health  
 311 conditions each biennial licensure renewal in addition to the  
 312 continuing education requirements under s. 465.009. Each  
 313 pharmacist must submit confirmation of having completed the  
 314 course when applying for licensure renewal. A pharmacist who  
 315 fails to comply with this subsection may not provide testing,  
 316 screening, or treatment services.

317 (8) A pharmacist providing services under this section  
 318 must provide a patient with written information to advise the  
 319 patient to seek followup care from his or her primary care  
 320 physician. The board, by rule, shall adopt guidelines for the  
 321 circumstances under which the information required under this  
 322 subsection shall be provided.

323 (9) The pharmacy in which a pharmacist tests and screens  
 324 for and treats minor, nonchronic health conditions must  
 325 prominently display signage indicating that any patient

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326 | receiving testing, screening, or treatment services under this  
 327 | section is advised to seek followup care from his or her primary  
 328 | care physician.

329 | (10) A pharmacist providing services under this section  
 330 | must comply with applicable state and federal laws and  
 331 | regulations.

332 | (11) The requirements of the section do not apply with  
 333 | respect to minor, nonchronic health conditions when treated with  
 334 | over-the-counter products.

335 | Section 5. This act shall take effect July 1, 2020.  
 336 |

THE FLORIDA SENATE  
2020 SUMMARY OF LEGISLATION PASSED  
**Committee on Health Policy**

**CS/HB 389 — Practice of Pharmacy**

by Health and Human Services Committee and Rep. Sirois and others (CS/SB 714 by Health Policy Committee and Senator Hutson)

The bill (Chapter 2020-7, L.O.F.) expands the scope of practice for pharmacists in two ways, by creating specified parameters under which pharmacists may:

- Enter into a collaborative pharmacy practice agreement with a physician to treat that physician’s patients for chronic health conditions; and
- Test or screen for and treat minor, nonchronic health conditions for any patient who qualifies for such testing and treatment under the provisions and requirements of a written protocol with a supervising physician.

***Collaborative Pharmacy Practice for Chronic Health Conditions***

Under the bill, a “collaborative pharmacy practice agreement” (collaborative agreement) means a written agreement between a pharmacist who meets qualifications specified in the bill and a Florida-licensed allopathic or osteopathic physician in which the collaborating physician authorizes the pharmacist to provide specified patient care to the physician's patients named in the agreement.

The bill defines “chronic health condition” to mean arthritis, asthma, chronic obstructive pulmonary diseases, type 2 diabetes, HIV/AIDS, obesity, or any other chronic condition adopted in rule by the Board of Pharmacy (BOP) in consultation with the Board of Medicine (BOM) and the Board of Osteopathic Medicine (BOOM).

Before providing services under a collaborative agreement, a pharmacist must be certified by the BOP according to rules adopted by the BOP in consultation with the BOM and BOOM. Requirements for certification include minimum standards for experience and education, including completion of an initial 20-hour course providing instruction on topics such as performing patient assessments, ordering and interpreting laboratory tests, evaluating and managing diseases and health conditions, and other subjects required by the BOP. Certification also requires a pharmacist to maintain at least \$250,000 in professional liability insurance coverage and to establish a system to maintain patient records for five years.

The terms and conditions of a collaborative agreement must be appropriate to the pharmacist’s training, and services delegated to the pharmacist must be within the collaborating physician’s scope of practice. A copy of the pharmacist’s certification issued BOP must be included as an attachment to the collaborative agreement. A collaborative agreement must, among other requirements, include:

- The names of the physician’s patient(s) who may be treated by the pharmacist;
- Each chronic health condition to be collaboratively managed;
- Specific drugs to be managed by the pharmacist for each patient;

- Circumstances under which the pharmacist may order, perform, or evaluate lab or clinical tests; and
- Conditions that require the pharmacist to notify the collaborating physician.

A pharmacist who enters into a collaborative agreement must submit a copy of the signed agreement to the BOP before the agreement may be implemented. A collaborative agreement will automatically terminate two years after execution if not renewed.

The bill prohibits a pharmacist from:

- Modifying or discontinuing drugs prescribed by a health care practitioner with whom he or she does not have a collaborative agreement; or
- Entering into a collaborative agreement while acting as an employee of a pharmacy without the written approval of the pharmacy owner.

The bill prohibits a physician from delegating the authority to initiate or prescribe controlled substances to a pharmacist.

A pharmacist who practices under a collaborative agreement must complete an eight-hour continuing education course approved by the BOP that addresses issues related to collaborative pharmacy practice with each biennial renewal of the pharmacist's license, in addition to continuing education requirements he or she must meet under preexisting law.

The bill requires the BOP, in consultation with the BOM and BOOM, to adopt rules to implement the bill's provisions for collaborative pharmacy practice.

### ***Testing and Screening for and Treatment of Minor, Nonchronic Health Conditions by Pharmacists***

The bill authorizes pharmacists who meet qualifications specified in the bill to test or screen for and treat minor, nonchronic health conditions within the framework of a written protocol with a supervising allopathic or osteopathic physician licensed in Florida. Under the bill, a minor, nonchronic health condition is typically a short-term condition that is generally managed with minimal treatment or self-care and includes:

- Influenza;
- Streptococcus;
- Lice;
- Skin conditions, such as ringworm and athlete's foot; and
- Minor, uncomplicated infections.

To qualify under the bill, a pharmacist must be certified by the BOP to have met certain educational requirements, including completion of a 20-hour education program approved by the BOP in consultation with the BOM and BOOM which must address patient assessments, point-of-care testing procedures, safe and effective treatments, and identification of contraindications.

A pharmacist so certified by the BOP must provide evidence of the certification to the supervising physician.

A pharmacist who tests and treats under the bill must also maintain at least \$250,000 in liability coverage; furnish a patient's records, upon the patient's request, to a health care practitioner designated by a patient; and maintain patient records for five years from each patient's most recent provision of service.

The BOP is required to adopt by rule a formulary of drugs that a pharmacist may prescribe under a test-and-treat protocol for minor, nonchronic health conditions covered under the protocol. Such drugs must be approved by the federal Food and Drug Administration which are indicated for the treatment of such conditions. The formulary may not include controlled substances.

The bill provides that a pharmacist who tests and treats may use any tests that guide the diagnosis or clinical decision-making which the federal Centers for Medicare & Medicaid Services has determined qualify for a waiver under the federal Clinical Laboratory Improvement Amendments of 1988, or federal rules adopted thereunder, or any established screening procedures that can safely be performed by a pharmacist.

A written protocol between a pharmacist and supervising physician must include particular terms and conditions imposed by the supervising physician relating to the testing and screening for and treatment of minor, nonchronic health conditions. The terms and conditions must be appropriate to the pharmacist's training. A pharmacist who enters into such a protocol with a supervising physician must submit the protocol to the BOP. The protocol must include:

- Specific categories of patients who the pharmacist is authorized to test or screen for and treat minor, nonchronic health conditions;
- The physician's instructions for obtaining relevant patient medical history for the purpose of identifying disqualifying health conditions, adverse reactions, and contraindications to the approved course of treatment;
- The physician's instructions for the treatment of minor, nonchronic health conditions based on the patient's age, symptoms, and test results, including negative results;
- A process and schedule for the physician to review the pharmacist's actions under the protocol;
- A process and schedule for the pharmacist to notify the physician of the patient's condition, tests administered, test results, and course of treatment; and
- Any other requirements as established by the BOP in consultation with the BOM and BOOM.

A pharmacist certified by the BOP to test and treat under the bill must complete a three-hour continuing education course approved by the BOP that addresses issue related to minor, nonchronic health conditions with each biennial renewal of the pharmacist's license, in addition to continuing education requirements he or she must meet under preexisting law.

A pharmacist providing test-and-treat services under the bill may not perform such services while acting as an employee of a pharmacy without the written approval of the pharmacy owner.

A pharmacist who tests and treats under the bill must provide a patient with written information to advise the patient to seek follow-up care from his or her primary care physician. The BOP must adopt rules for the circumstances under which such information must be provided.

A pharmacy in which a pharmacist tests and treats under the bill must prominently display signage indicating that any patient receiving testing, screening, or treatment services as authorized under the bill is advised to seek follow-up care from his or her primary care physician.

The bill provides that its test-and-treat provisions do not apply with respect to minor, nonchronic health conditions when treated with over-the-counter products.

### ***Other Provisions***

The bill:

- Provides that its two requirements for \$250,000 in professional liability coverage (the first for collaborative pharmacy practice and the second for testing for and treating minor, nonchronic health conditions) are not duplicative and that coverage for either satisfies both requirements;
- Adds pharmacists who are authorized to perform or order and evaluate laboratory or clinical tests under a collaborative pharmacy practice or test-and-treat protocol, to the list of health care practitioners and facilities that, upon the diagnosis or suspicion of the existence of a disease of public health significance, must immediately report that fact to the Department of Health; and
- Amends the statutory definition of “practice of the profession of pharmacy” to conform to the bill’s provisions.

These provisions became law upon approval by the Governor on March 11, 2020, and take effect July 1, 2020.

*Vote: Senate 28-12; House 98-17*

**64B16-31.007 Collaborative Practice Certification; Chronic Health Conditions.**

Pursuant to Section 465.1865, F.S., the Board hereby adopts the following list of chronic health conditions for which a pharmacist certified pursuant to Section 465.1865, F.S., can provide specified patient care services to patients of a collaborating physician pursuant to a pending Collaborative Pharmacy Practice Agreement:

- (1) Hyperlipidemia;
- (2) Hypertension;
- (3) Anti-coagulation management;
- (4) Nicotine Dependence;
- (5) Opioid use disorder;
- (6) Hepatitis C
- (7) Those chronic health conditions enumerated in Section 465.1865(1)(b), F.S.

*Rulemaking Authority 465.1865 FS. Law Implemented 465.1865 FS. History—New 10-28-20, Amended 4-29-21, 9-27-23.*

The Florida Senate

APPEARANCE RECORD

Collaborative Pharmacy Practice

Bill Number or Topic

Deliver both copies of this form to Senate professional staff conducting the meeting

10/18/23

Meeting Date

Health Policy

Committee

Amendment Barcode (if applicable)

Name Jessica Sapp

Phone 850-245-4463

Address 4052 Bald Cypress Way

Street

Email jessica.sapp@flhealth.gov

Tall FL 32301

City

State

Zip

Speaking: [ ] For [ ] Against [x] Information OR Waive Speaking: [ ] In Support [ ] Against

PLEASE CHECK ONE OF THE FOLLOWING:

[x] I am appearing without compensation or sponsorship.

[ ] I am a registered lobbyist, representing:

[ ] I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

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This form is part of the public record for this meeting.

S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to Senate professional staff conducting the meeting

DOIT / pharmacy practice  
Bill Number or Topic

10/18/23

Meeting Date

Health Policy

Committee

Amendment Barcode (if applicable)

Name

Claudia Davant

Phone

805671979

Address

Street

Email

claudia@edamstadvocates.com

City

State

Zip

Speaking:

For

Against

Information

OR

Waive Speaking:

In Support

Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

Florida Pharmacy Assoc

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

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S-001 (08/10/2021)

**Florida  
HEALTH**

**FLORIDA'S MEDICAL  
MARIJUANA PROGRAM  
UPDATE**

**Senate Health Policy Committee**  
October 18, 2023

Christopher Kimball, Director  
Office of Medical Marijuana Use

# PRESENTATION ROADMAP

- Program Background
  - Office of Medical Marijuana Use's (OMMU) Purpose
  - Education and Research Stakeholders
  - Program Timeline and Key Terms
- Patient Access By the Numbers
- Compliance Update
- Licensing Update
- Statutory Implementation & Rulemaking
- Procurements
- Questions and Answers

# KEY TERMS

- Qualified patient
- Qualifying medical conditions
- Qualified physician
- Physician certification
- Caregiver
- Route of administration
- Medical marijuana treatment centers (MMTCs)
- Certified marijuana testing laboratories (CMTLs)
- Medical Marijuana Use Registry (MMUR)
- Seed-to-Sale Tracking System

# OMMU'S PURPOSE

- To promote the health and safety of qualified patients and the public as it relates to medical marijuana through:
  - Developing and implementing the Department of Health's rules for medical marijuana.
  - Overseeing the statewide Medical Marijuana Use Registry (MMUR).
  - Licensing Florida businesses (medical marijuana treatment centers or MMTCs) to cultivate, process and dispense medical marijuana to qualified patients and their caregivers.
  - Certifying marijuana testing laboratories (CMTLs) which test samples of all retail batches to be dispensed by MMTCs to qualified patients.

# RESEARCH AND EDUCATION

- Consortium for Medical Marijuana Clinical Outcomes Research (s. 1004.4351, F.S.) led by the University of Florida.
- Medical Marijuana Education and Research Initiative (s. 381.986(7)(d), F.S.), Florida Agricultural and Mechanical University, Division of Research.
- Physician Certification Pattern Review Panel (s. 381.986(4)(j), F.S.), Board of Medicine and Board of Osteopathic Medicine.
- Florida Physician Medical Marijuana Course (s. 381.986(3)(a) and (c), F.S.), Florida Medical Association and Florida Osteopathic Medical Association.

# PROGRAM TIMELINE

**2016**

Amendment 2, creates Article X, Section 29 of the Florida Constitution.

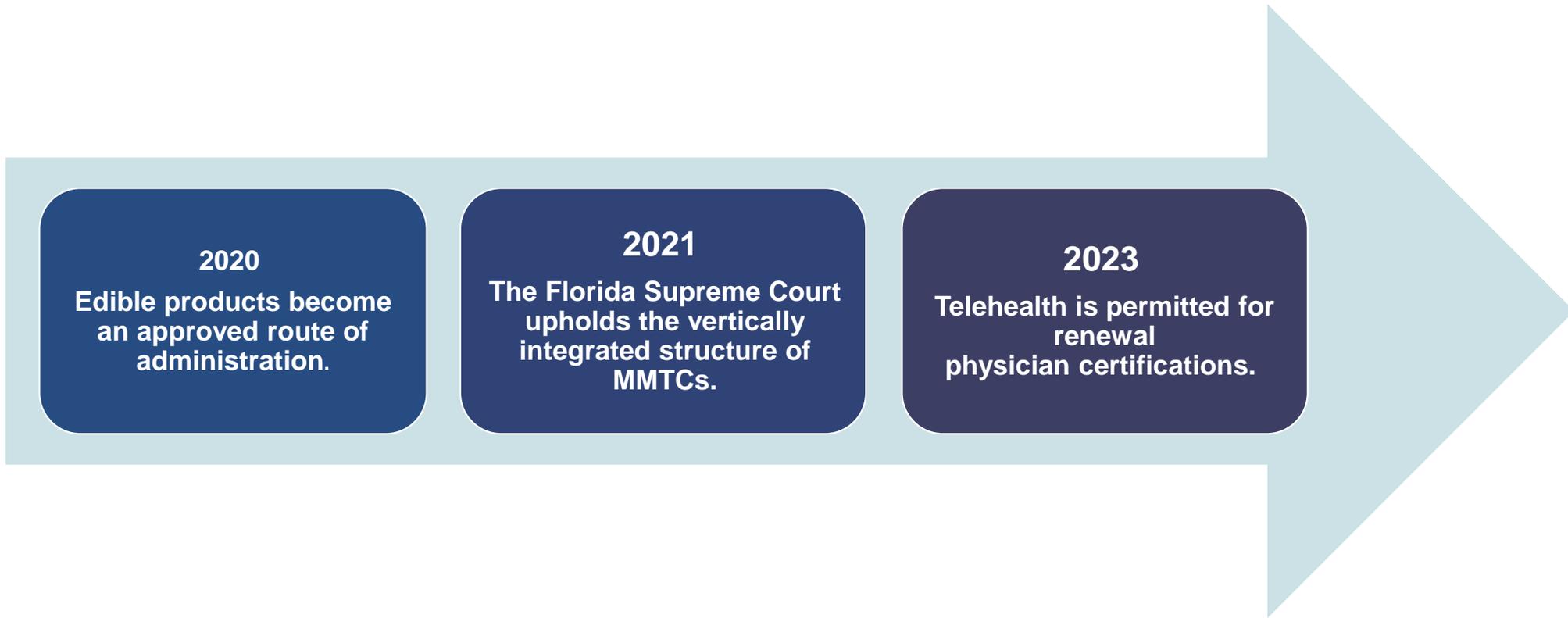
**2018**

The OMMU replaces the Office of Compassionate Use.

**2019**

Marijuana in a form for smoking becomes an approved route of administration.

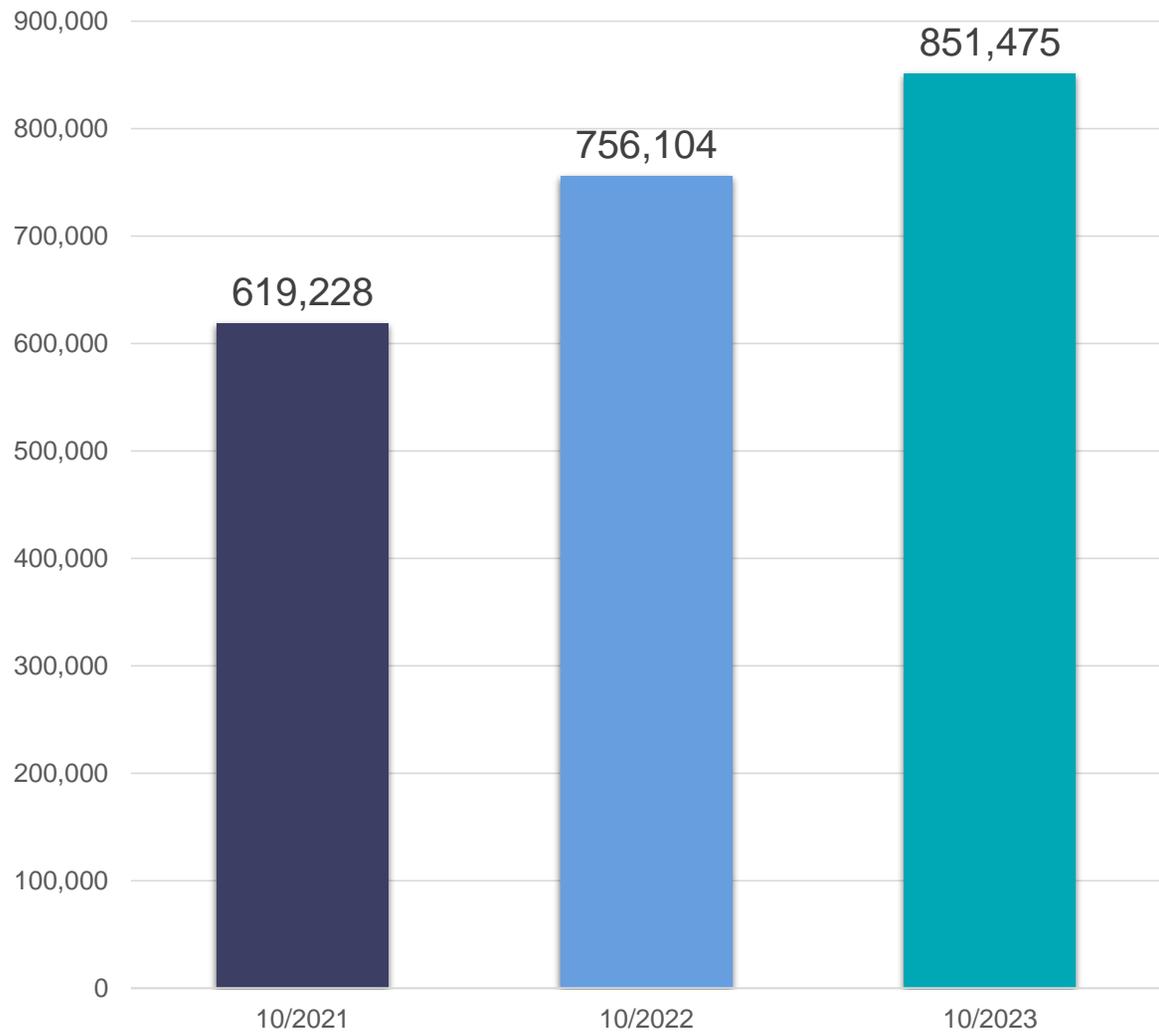
# PROGRAM TIMELINE

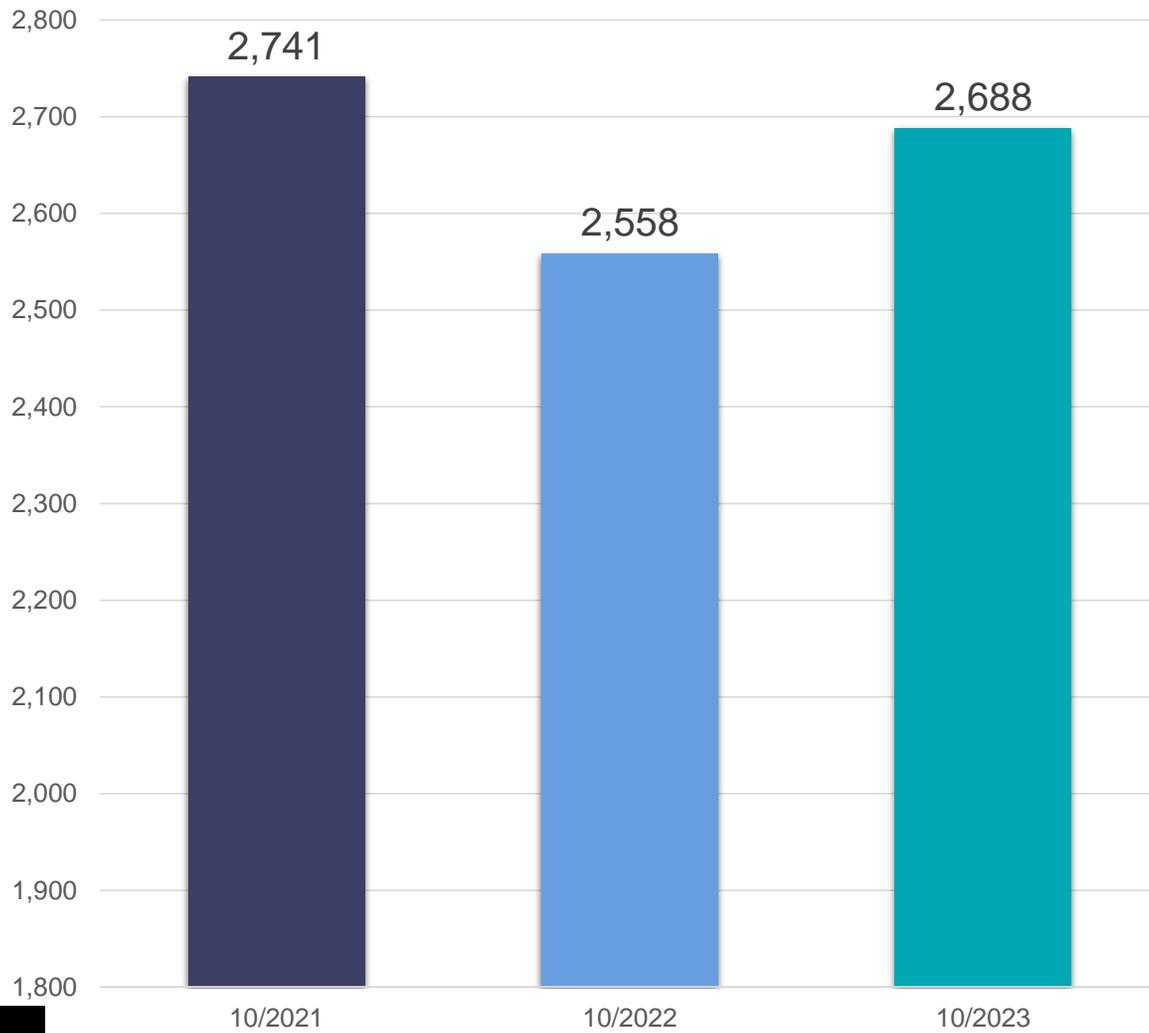


# PATIENT ACCESS NUMBERS

- Qualified patients (851,475) and caregivers (9,284)
- Qualified physicians (2,688)
- Medical Marijuana Treatment Centers (MMTCs) (24)
  - Cultivation facilities (39)
  - Processing facilities (32)
  - Dispensing facilities (591)
  - Fulfillment and storage facilities (14)
- Certified Marijuana Testing Laboratories (CMTLs) (9)

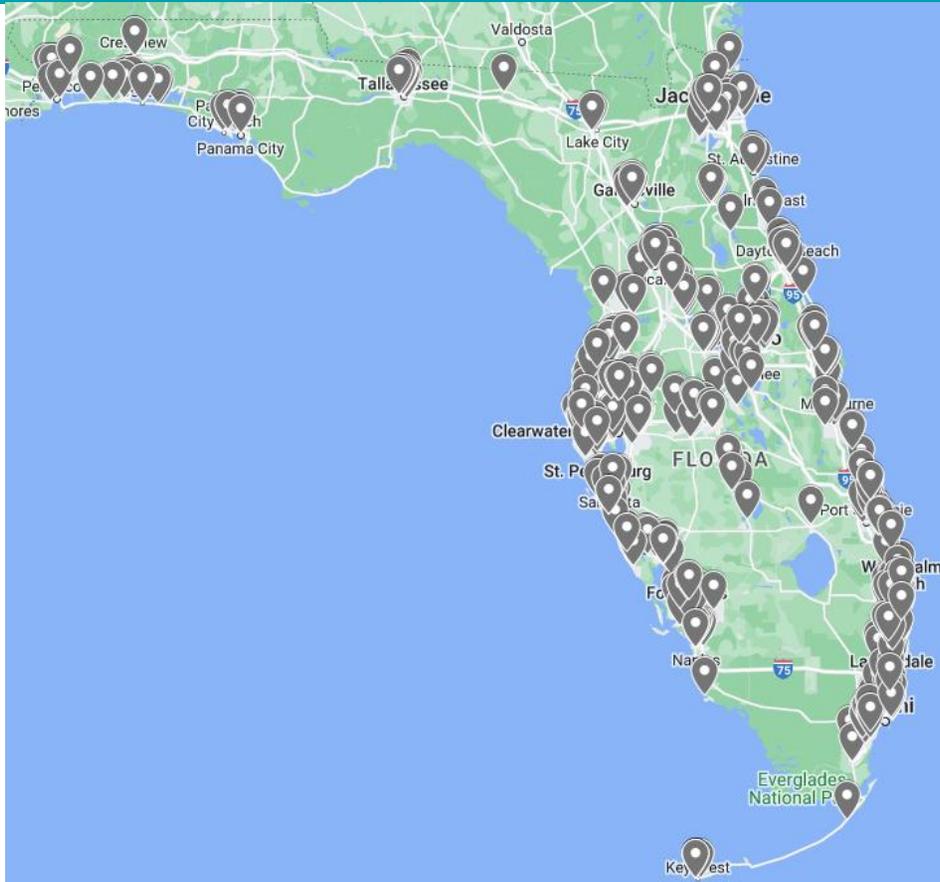
# Active Qualified Patients





# Active Qualified Physicians

# PATIENT ACCESS

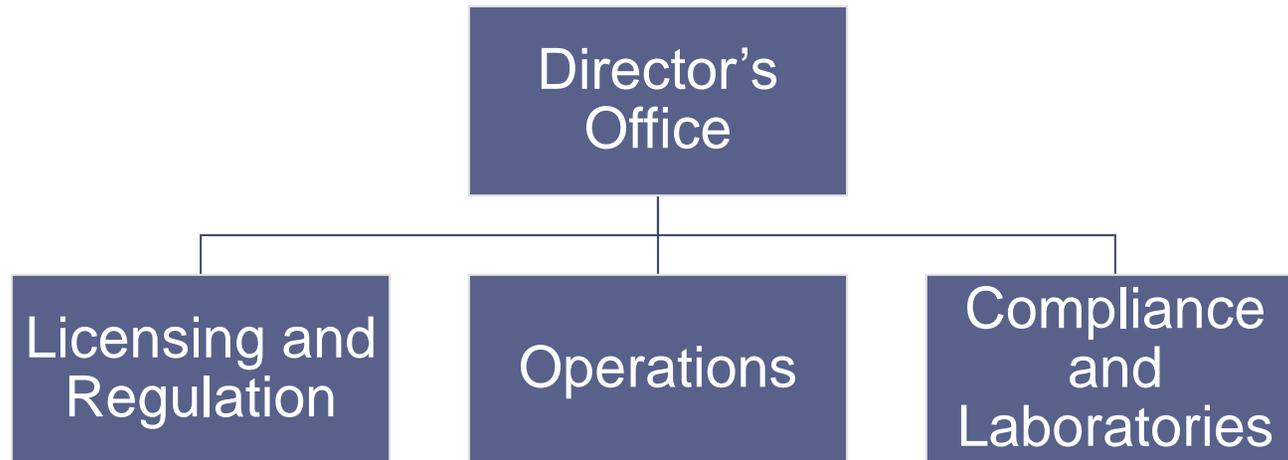


MMTC Facility Type	Number of Facilities
Dispensing Facility	591
Cultivation Facility	39
Processing Facility	32
Fulfillment and Storage Facility	14
<b>TOTAL FACILITIES</b>	<b>676</b>

# COMPLIANCE UPDATE

- **FY2022-23 Employee Background Screenings (12,743)**
  - Individuals deemed ineligible for employment (549).
- **FY2022-23 MMTC and CMTL Inspections (2,176: 48% increase from previous year)**
  - Facility and process approval inspections (928).
  - Compliance inspections (1,229).
  - Complaint inspections (19).
- **FY2022-23 MMTC and CMTL Notices of Violation (502)**
  - Subset with fines (168).
- **Department's Laboratory Cannabis Expansion**
  - November 2023: Fully operational target.
  - April 2024: Accreditation target.

# OMMU STRUCTURE



# PIGFORD/BLACK FARMER LITIGATION (BFL) MMTC LICENSING UPDATE

- On September 20, 2022, the Department issued notices of intent to approve and deny *Pigford/BFL* applications for MMTC licensure. Unsuccessful applicants filed petitions challenging the Department's notices. Litigation ensued and is pending.
- On June 26, 2023, HB 387 became law.
- On July 11, 2023, the Department awarded two (2) *Pigford/BFL* licenses pursuant to the new law.
- On the same day, the Department issued letters to *Pigford/BFL* applicants providing 90 days to cure deficiencies identified in the notices of intent to deny pursuant to HB 387.
- The Department is currently reviewing responsive materials.

# APRIL 2023 MMTC APPLICATION LICENSING UPDATE

- From April 24-28, 2023, the Department received 74 applications for up to 22 available MMTC licenses.
- The Errors and Omissions process for the batching cycle has concluded.
- 73 applications (1 withdrew) are currently under review pursuant to a competitive process for award of the 22 licenses.

# STATUTORY IMPLEMENTATION AND RULEMAKING

- **HB 387 (2023)**

- Telehealth: Implementing the provision allowing physician recertifications via telehealth.
- *Pigford/BFL* MMTTC License: Reviewing submitted applicant responses to the 90-day cure letters.

- **HB 1387 (2023)**

- Product names, advertising, trade names and logos: The OMMU has notified licensees of the law change and is in the process of implementation.
  - Reviewing submitted products, advertisements, tradenames, and logos for compliance with the new statutory requirements.
- Background Screening Updates: Began implementing of the CMTL employee screening provision on July 1, 2023.

- **Seed-to-Sale Tracking System Implementation**
  - Seed-to-Sale tracking system delivered in June 2023.
  - Currently in User Acceptance Testing.
  - Rule development underway to direct MMTC and CMTL integration into the Department's Seed-to-Sale tracking system.
  - Next steps: Adopt Seed-to-Sale rules and initiate industry user testing and integration.

# OMMU PROCUREMENTS

System	Vendor Name	Current Contract Term	Contract/ Purchase Order Amount
Seed-to-Sale Tracking System	BioTech Medical Software, Inc	July 1, 2022 – June 30, 2027 (Five-year agreement with renewal clause)	\$768,000
Medical Marijuana Use Registry (MMUR)	Five Points Technology Group, Inc.	July 1, 2021 – June 30, 2024 (Three-year agreement with yearly renewal clause)	\$3,049,147
Compliance, Licensure, Enforcement and Regulatory System (CLEAR)	Kyra Solutions, Inc	January 1, 2020 – December 31, 2023 (Three-year agreement with yearly renewal clause)	\$42,000

**THANK YOU**

# CONTACT

**Mailing Address:**

Office of Medical Marijuana Use  
4052 Bald Cypress Way, Bin M-01  
Tallahassee, FL 32399

**Phone:** 850-245-4657**FAX:** 850-487-7046**Email:**

[MedicalMarijuanaUse@flhealth.gov](mailto:MedicalMarijuanaUse@flhealth.gov)

**Website:** [www.knowthefactsmmj.com](http://www.knowthefactsmmj.com)

The Florida Senate

APPEARANCE RECORD

Office of Medical Marijuana Use

OCT 18, 2023

Meeting Date

Bill Number or Topic

HEALTH POLICY

Deliver both copies of this form to Senate professional staff conducting the meeting

Committee

Amendment Barcode (if applicable)

Name CHRISTOPHER KIMBALL

Phone

Address 4052 BULD CYPRESS WAY BIN M-01

Email

Street

TALLAHASSEE

FL

32399

City

State

Zip

Speaking: [ ] For [ ] Against [X] Information OR Waive Speaking: [ ] In Support [ ] Against

PLEASE CHECK ONE OF THE FOLLOWING:

[X] I am appearing without compensation or sponsorship.

[ ] I am a registered lobbyist, representing:

[ ] I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

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10/18/23  
Meeting Date  
Health Policy  
Committee

# The Florida Senate APPEARANCE RECORD

Deliver both copies of this form to  
Senate professional staff conducting the meeting

Medical Cannabis  
Bill Number or Topic

Amendment Barcode (if applicable)

Name Ishmael Qawiy

Phone 386-299-8727

Address 231 Nva St  
Street

Email qawiy2011@gmail.com

Daytona Beach, FL 32114  
City State Zip

Speaking:  For  Against  Information **OR** Waive Speaking:  In Support  Against

**PLEASE CHECK ONE OF THE FOLLOWING:**

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

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The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to Senate professional staff conducting the meeting

Marijuana  
Bill Number or Topic

10/18/2023  
Meeting Date

Health Policy  
Committee

Amendment Barcode (if applicable)

Name Leena Trinidad Phone 856 417 2638

Address 911 42nd St Unit B Email trinidadconsult@gmail.com  
Street

West Palm Beach FL 33407  
City State Zip

Speaking:  For  Against  Information OR Waive Speaking:  In Support  Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

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S-001 (08/10/2021)

10/18/2023  
Meeting Date  
Health Policy  
Committee

The Florida Senate  
**APPEARANCE RECORD**

Deliver both copies of this form to  
Senate professional staff conducting the meeting

Medical Marijuana Program  
Bill Number or Topic

Amendment Barcode (if applicable)

Name Angie Willoughby

Phone 954 245 6013

Address 233 SW Milburn Circle  
Street

Email hello@thegreenbkr.com

Port St Lucie FL 34953  
City State Zip

Speaking:  For  Against  Information **OR** Waive Speaking:  In Support  Against

**PLEASE CHECK ONE OF THE FOLLOWING:**

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

Equal Ground

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The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to  
Senate professional staff conducting the meeting

Medical Cannabis

Bill Number or Topic

10/18/2023

Meeting Date

Health Policy

Committee

Amendment Barcode (if applicable)

Name Randy Rember

Phone 727-851-7422

Address 230 Cessna Way

Street

Email Remberfamilyfarms@gmail.com

Hawthorne

City

FL

State

32640

Zip

Speaking:  For  Against  Information **OR** Waive Speaking:  In Support  Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

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S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

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Medical Marijuana Program  
Bill Number or Topic

10/18/23

Meeting Date

Health Policy  
Committee

Amendment Barcode (if applicable)

Name BASIMHA JAMES

Phone 551-214-6708

Address 16175 Rambling Vine Dr. E  
Street

Email Jamesb@cannewbis.com

Tampa  
City

FL  
State

33624  
Zip

Speaking:

For

Against

Information

OR

Waive Speaking:

In Support

Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

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S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to  
Senate professional staff conducting the meeting

10/18/23  
Meeting Date

HB Medical Cannabis  
Bill Number or Topic

Health Policy  
Committee

Amendment Barcode (if applicable)

Name Raymond D. Warthen

Phone 407-489-1452

Address 7052 Oxbow Rd  
Street

Email

Miracle Fla 34715  
City State Zip

Speaking:  For  Against  Information OR Waive Speaking:  In Support  Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

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S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to Senate professional staff conducting the meeting

10-18-23

Meeting Date

Health Policy

Committee

Medical Marijuana

Bill Number or Topic

Amendment Barcode (if applicable)

Name

Genesis Robinson

Phone

386-341-6346

Address

424 E Central Ave

Email

genesis@equal-ground.com

Street

Orlando

FL

City

State

Zip

Speaking:

For

Against

Information

OR

Waive Speaking:

In Support

Against

PLEASE CHECK ONE OF THE FOLLOWING:

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S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to Senate professional staff conducting the meeting

10/18/23

Meeting Date

HB387

Bill Number or Topic

Pat Thomas

Committee

Amendment Barcode (if applicable)

Name Deandré Smith

Phone 863-837-0304

Address 473 Van Buren loop

Street

Email deandrie2.smith@famuc.edu

Tallahassee

City

FL

State

32301

Zip

Speaking:

For

Against

Information

OR

Waive Speaking:

In Support

Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

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S-001 (08/10/2021)



## THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

### COMMITTEES:

Appropriations  
Appropriations Committee on Health and  
Human Services  
Children, Families, and Elder Affairs  
Education Postsecondary  
Health Policy  
Judiciary  
Rules

### JOINT COMMITTEE:

Joint Legislative Budget Commission

**SENATOR LAUREN BOOK**  
*Democratic Leader*  
35th District

October 18, 2023

The Honorable Colleen Burton, Chair  
Committee on Health Policy  
530 Knott Building  
404 South Monroe Street  
Tallahassee, FL 32399-1100

Dear Chair Burton:

I respectfully request to be excused from your Committee on Health Policy scheduled October 18, 2023 at 2:00 PM. I regret that I had an unavoidable conflict and sincerely apologize for any inconvenience this may cause.

Thank you for your consideration. Please feel free to contact me at (850) 487-5035 if you have any questions.

Kindest Regards,

A handwritten signature in cursive script that reads "Lauren Book".

Senator Lauren Book  
Minority Leader  
Florida Senate, District 35

cc: Allen Brown, Staff Director  
Anhar Al-Asadi, Committee Administrative Assistant

### REPLY TO:

- 12401 Orange Drive, Suite 125, Davie, Florida 33330 (954) 424-6675
- 228 Senate Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5035

Senate's Website: [www.flsenate.gov](http://www.flsenate.gov)

**KATHLEEN PASSIDOMO**  
President of the Senate

**DENNIS BAXLEY**  
President Pro Tempore

# CourtSmart Tag Report

Room: KB 412

Case No.: -

Type:

Caption: Health Policy Committee

Judge:

Started: 10/18/2023 2:01:05 PM

Ends: 10/18/2023 3:30:34 PM

Length: 01:29:30

2:01:15 PM Chair Burton calls meeting to order  
2:01:21 PM Roll call by CAA  
2:01:36 PM Quorum present  
2:01:42 PM Opening remarks by Chair Burton  
2:02:47 PM Tab 1, Jessica Sapp, Bureau Chief of Health Care Practitioner Regulation DOH  
2:03:03 PM Ms. Sapp presents  
2:11:25 PM Presentation concludes  
2:11:30 PM Questions:  
2:11:33 PM Senator Harrell  
2:12:05 PM Ms. Sapp responds  
2:12:29 PM Senator Harrell  
2:12:45 PM Ms. Sapp responds  
2:13:04 PM Back and forth in questions  
2:15:28 PM Senator Calatayud  
2:16:13 PM Ms. Sapp responds  
2:16:39 PM Chair Burton  
2:16:57 PM Ms. Sapp responds  
2:17:21 PM Chair Burton  
2:18:30 PM Ms. Sapp  
2:18:54 PM Chair Burton  
2:19:03 PM Ms. Sapp  
2:19:15 PM Senator Harrell  
2:19:33 PM Ms. Sapp  
2:19:44 PM Senator Davis  
2:20:14 PM Ms. Sapp  
2:20:38 PM Chair Burton  
2:20:48 PM Ms. Sapp  
2:21:22 PM Chair Burton  
2:22:03 PM Ms. Sapp  
2:22:57 PM Chair Burton  
2:23:13 PM Ms. Sapp  
2:23:33 PM Senator Harrell  
2:24:31 PM Ms. Sapp  
2:25:34 PM Senator Harrell  
2:25:40 PM Ms. Sapp  
2:25:56 PM Back and forth in questions  
2:28:47 PM Appearance cards:  
2:29:00 PM Claudia Davant, Florida Pharmacy Assoc., waives speaking  
2:29:14 PM Tab 2, Christopher Kimball, Director of DOH Office of Medical Marijuana Use  
2:29:45 PM Mr. Kimball presents  
2:50:16 PM Presentation concludes  
2:50:21 PM Questions:  
2:50:25 PM Senator Osgood  
2:50:39 PM Mr. Kimball responds  
2:51:09 PM Senator Osgood  
2:51:22 PM Mr. Kimball responds  
2:51:44 PM Senator Davis  
2:52:52 PM Mr. Kimball responds  
2:53:51 PM Senator Harrell  
2:54:36 PM Mr. Kimball responds  
2:54:55 PM Senator Harrell  
2:55:15 PM Mr. Kimball

**2:55:59 PM** Senator Harrell  
**2:56:16 PM** Mr. Kimball  
**2:57:31 PM** Chair Burton  
**2:57:56 PM** Mr. Kimball  
**2:57:58 PM** Senator Brodeur with comments  
**2:59:12 PM** Senator Davis  
**3:00:09 PM** Mr. Kimball  
**3:01:38 PM** Senator Davis  
**3:03:46 PM** Mr. Kimball  
**3:05:43 PM** Senator Harrell  
**3:06:50 PM** Mr. Kimball  
**3:08:34 PM** Senator Harrell  
**3:08:54 PM** Mr. Kimball  
**3:10:21 PM** Senator Davis  
**3:11:01 PM** Mr. Kimball  
**3:11:57 PM** Senator Davis  
**3:12:53 PM** Mr. Kimball  
**3:14:29 PM** Senator Davis  
**3:15:56 PM** Mr. Kimball  
**3:16:54 PM** Senator Harrell  
**3:17:57 PM** Mr. Kimball  
**3:18:33 PM** Senator Harrell  
**3:19:20 PM** Mr. Kimball  
**3:20:38 PM** Senator Harrell  
**3:20:55 PM** Mr. Kimball  
**3:21:40 PM** Senator Harrell  
**3:22:28 PM** Mr. Kimball  
**3:23:03 PM** Appearance forms:  
**3:23:22 PM** Ishmael Qawly, speaking for information  
**3:24:57 PM** Leena Trinidad, speaking for information  
**3:26:27 PM** Senator Brodeur comment  
**3:26:46 PM** Angie Willoughby, Equal Ground, speaking for information  
**3:28:25 PM** Names read into record for remaining: Basimha James, Raymond Warthen, Genesis Robinson, Deandre Smith  
**3:29:05 PM** Randy Rembert, speaking for information  
**3:29:57 PM** Senator Brodeur moves to adjourn  
**3:30:22 PM** Meeting adjourned